APPENDIX C. NATIONAL AND INTERNATIONAL HEALTH CARE EXPENDITURES AND HEALTH INSURANCE COVERAGE

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NATIONAL HEALTH EXPENDITURES

In 1994, the Nation's health care bill totaled \$949.4 billion for the 271 million persons residing in the United States (Levit, Lazenby, & Sivarajan, 1996). In 1965, the year prior to the beginning of the Medicare and Medicaid Programs, national health expenditures were only \$41.1 billion (see table C-1).

Adjusting for inflation, health care expenditures increased substantially from 1965 to 1994, rising from \$193.6 billion in 1965 (in constant 1994 dollars) to \$949.4 billion in 1994 (see table C-2). The annual rate of increase in inflation-adjusted per capita expenditures was 4.8 percent from 1980 to 1985 and 5.0 percent from 1985 to 1990 (table C-3). After increasing by 5.2 percent between 1991 and 1992, however, health expenditure growth per capita decelerated to 2.9 percent for 1992 to 1993 and 2.7 percent for 1993 to 1994. This is the slowest growth recorded in more than three decades.

TABLE C-1.—NATIONAL HEALTH EXPENDITURES, SELECTED CALENDAR YEARS 1960-2005

[Dollar amounts in billions]

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2005 1	18.0	1,908.0	713.4	417.5	85.9	149.3	105.1		182.3		28.7	182.2	43.6		108.7	46.0	ı	55.8	\$2,118.5	
2000 1	16.1	1,315.5	512.4	283.1	61.2	97.4	61.3		126.8		20.5	122.8	30.1		78.0	35.5		42.7	\$1,471.7	
1994	13.7	831.7	338.5	189.4	42.2	49.6	26.2		78.6		13.1	72.3	21.8		58.7	28.8	0	30.7	\$949.4	
1993	13.6	786.5	324.2	181.1	39.2	46.3	23.0		75.2		12.6	0.79	17.8		51.0	25.7	0	7.67	\$892.3	
1992	13.3	739.8	305.3	174.7	37.0	42.1	19.6		71.3		11.9	62.3	15.6		42.8	23.4	į	71.0	\$833.6	
1991	12.9	676.2	282.3	158.6	33.3	38.3	16.1		9.59		11.2	57.2	13.6		38.7	21.4		24.9	\$761.3	
1990	12.1	614.7	256.4	146.3	31.6	34.7	13.1		59.9		10.5	50.9	11.2		38.6	19.6		24.5	\$687.5	
1985	10.2	376.4	168.3	83.6	21.7	16.6	9.6		37.1		6.7	30.7	6.1		23.8	11.6	;	16.4	\$428.2	
1980	8.9	217.0	102.7	45.2	13.3	6.4	2.4		21.6		3.8	17.6	4.0		11.8	6.7	;	11.6	\$247.2	
1975	8.0	114.5	52.6	23.9	8.0	2.7	9.0		13.0		2.5	8.7	2.5		4.9	2.9		8.4	\$130.7	
1970	7.1	63.8	28.0	13.6	4.7	1.4	0.2		8.8		1.6	4.2	1.3		2.7	1.3	ı	5.3	\$73.2	
1965	5.7	35.2	14.0	8.2	2.8	0.9	0.1		5.9		1.0	1.5	0.8		1.9	9.0		3.4	\$41.1	
1960	5.1	23.6	9.3	5.3	2.0	9.0	0.1		4.2		9.0	0.8	0.7		1.2	0.4	,	1.7	\$26.9	
Spending category	Percent of GDPHealth services and sumplies	Personal health care	Hospital care	Physicians' services	Dentists' services	Other professional services	Home health care	Drugs and other medical	nondurables	Vision products and other	medical durables	Nursing home care	Other personal health care	Program administration and net	anceance	 activities	Research and construction of	medical facilities	Total	

¹ Estimates prepared by the Congressional Budget Office, February 1995.

Note.—Numbers may not add to totals due to rounding. Source: Health Care Financing Administration, Office of the Actuary.

TABLE C-2.—NATIONAL HEALTH EXPENDITURES IN CONSTANT 1994 DOLLARS, SELECTED CALENDAR YEARS 1960-94

[Dollar amounts in billions]

Spending category	1960	1965	1970	1975	1980	1985	1990	1991	1992	1993	1994
Health services and supplies	126.1	177.4	259.3	337.0	423.8	567.2	763.0	801.2	851.4	885.2	919.2
Personal health care	118.4	165.4	243.8	315.4	390.4	518.5	697.0	735.8	781.4	909.9	831.7
Hospital care	46.5	66.1	107.0	144.8	184.7	231.8	290.8	307.2	322.4	332.5	338.5
Physicians' service	26.5	38.5	51.9	62.9	81.4	115.2	165.9	172.6	184.5	185.8	189.4
Dentists' services	9.8	13.1	17.8	21.9	24.0	29.8	35.8	36.3	39.1	40.2	42.2
Other professional services	3.0	4.1	5.4	7.5	11.4	22.9	39.3	41.6	44.5	47.5	49.6
Home health care	0.3	0.4	0.8	1.7	4.3	7.6	14.9	17.5	20.7	23.6	26.2
Drugs and other medical nondurables	21.3	27.7	33.7	35.9	38.9	51.0	6.79	71.4	75.3	77.1	78.6
broducts and other medical dura-	3.2	4.7	6.2	7.0	8.9	9.3	11.9	12.2	12.6	12.9	13.1
Nursing home care	4.3	6.9	16.1	23.9	31.7	42.3	57.7	62.2	65.8	68.7	72.3
th care	3.5	3.9	2.0	8.9	7.2	8.4	12.7	14.8	16.5	18.3	21.8
Program administration and net cost of private											
health insurance	2.8	9.1	10.4	13.5	21.3	32.7	43.8	42.1	45.2	52.3	58.7
Government public health activities	<u>—</u>	2.9	5.1	8.1	12.1	16.0	22.2	23.3	24.7	26.3	28.8
Research and construction of medical facilities	8.5	16.2	20.4	23.1	20.9	22.5	27.8	27.1	29.1	29.9	30.2
Total	\$134.6	\$193.6	\$279.8	\$360.1	\$444.7	\$589.8	\$790.8	\$828.3	\$880.5	\$915.1	\$949.4
			:								

Note.—Constant dollar expenditures are calculated using the consumer price index for all urban consumers (CPI-U).

Source: Health Care Financing Administration, Office of the Actuary.

TABLE C-3.—NATIONAL HEALTH EXPENDITURES: PER CAPITA AMOUNTS IN CONSTANT 1994 DOLLARS, SELECTED CALENDAR YEARS 1960-94

Spending category	1960	1965	1970	1975	1980	1985	1990	1991	1992	1993	1994
Total	\$706	\$949	\$1,303	\$1,604	\$1,891	\$2,389	\$3,047	\$3,158	\$3,321	\$3,416	\$3,510
Personal health care	623	811	1,135	1,405	1,660	2,100	2,688	2,806	2,947	3,011	3,074
Hospital care	245	324	496	645	786	939	1,120	1,171	1,216	1,241	1,251
Physicians' services	139	189	241	293	346	487	636	929	969	693	700
Dentists' services	25	64	83	96	102	121	138	138	147	150	156
Other professional services	16	70	25	33	49	93	152	159	168	166	183
Home health care	_	2	4	∞	18	31	27	<i>L</i> 9	78	88	67
Drugs and other medical nondurables	112	136	157	160	165	207	262	272	284	288	290
Vision products and other medical dura-											
bles	17	23	29	31	29	89	46	46	48	48	46
Nursing home care	22	34	75	106	135	171	223	237	248	257	267
Other personal health care	18	19	23	30	31	34	46	28	62	89	81
Program administration and net cost of private											
health insurance	31	44	48	09	91	133	169	161	170	195	217
Government public health activities	10	14	24	36	21	92	26	88	93	86	107
Research and construction of medical facilities	45	79	95	103	86	91	107	103	110	112	112
Average annual percentage increase	9-09	65–70	70–75	75–80	80–85	85–90	92–93	93–94	:	:	
Total	9.0	6.5	4.2	3.4	4.8	2.0	2.9	2.7	:		:
Health services and supplies	9.6	8.9	4.4	3.7	2.0	5.1	2.9	2.8		:	:
Personal health care	5.4	7.0	4.4	3.4	4.8	2.0	2.2	2.1	:	:	:
Hospital care	5.8	9.0	5.3	4.0	3.6	5.5	2.1	0.8	:	:	:
Physicians' services	6.3	2.0	4.0	3.4	6.2	5.2	-0.4	1.0	:	:	

Note.—Constant dollar expenditures are calculated using the consumer price indices for all urban consumers (CPI–U). Average annual amounts are calculated on unrounded numbers.

Source: Health Care Financing Administration, Office of the Actuary.

Hospital care expenditures were the largest component of national health expenditures at \$338.5 billion or 36 percent in 1994. In terms of per capita spending, \$1,251 was spent for hospital care in 1994 (see table C-3). Hospital expenditures increased only 4.4 percent in 1994, the third consecutive year of decelerated growth. Spending for physician services in 1994 grew to \$189.4 billion, almost 20 percent of national health expenditures.

The share of personal health expenditures funded by the public sector increased from 39.5 percent in 1990 to 43.5 percent in 1994, the highest level ever (see table C-4). The Federal Government accounted for 33.7 percent (\$280 billion) of personal health spending (including payments for both Medicare and Medicaid), and 9.8 percent (\$81.8 billion) was paid by State and local government.

In 1994, private health insurance payments (including premiums paid for both employers and employees) were 32.1 percent (\$266.8 billion) of personal health expenditures. Twenty-one percent (\$174.9 billion) was paid by direct (out-of-pocket) payments by individuals. Philanthropy and in-plant health services accounted for 3.4 percent.

EXPENDITURES FOR HOSPITAL CARE

In 1994, the 36 percent of total national health expenditures spent on hospitals was 6 percentage points less than in 1980. Table C-5 shows several measures of costs incurred by community hospitals, which include all non-Federal short-term general hospitals. These hospitals' total expenses (including inpatient and outpatient acute and post-acute care, as well as nonpatient care activities) reached \$308.4 billion in 1995. This was up 5.3 percent from the previous year. Combined with the 5.0-percent increase in 1994, this produced the smallest 2-year rise in hospital costs in at least 30 years. That inpatient expenses increased more slowly than total expenses reflects the growing share of activity in the hospital outpatient setting.

The average cost of a day of hospital care (adjusted to reflect outpatient services) rose by 6.3 percent to \$1,127 in 1995. The higher rate of growth in expenses per day reflects a decrease in the number of hospital days (see the discussion of average length of stay below). However, combined with the 6.0-percent increase in 1994, this also produced the lowest 2-year increase in three decades. In fact, hospital costs per day grew more slowly in 1994 and 1995 than in any two single years since data on this measure have been available.

The average cost per case (also adjusted to reflect outpatient care) rose to \$6,427 in 1995, an increase of only 1.8 percent. This represents the fifth consecutive decline in this growth rate. In 1994 and 1995, the increase in costs per case averaged 1.9 percent per year, compared with 9.1 percent from 1985 through 1992 and 14.0 percent from 1975 through 1982.

¹Personal health expenditures accounted for 88 percent of national health expenditures in 1994. The remaining 12 percent was expended on program administration; administrative costs of private health insurance and profits earned by private health insurance: noncommercial health research; new construction; and government public health activities.

TABLE C-4.—PERSONAL HEALTH CARE EXPENDITURES: AGGREGATE AMOUNTS AND PERCENTAGE DISTRIBUTION, SELECTED CALENDAR YEARS 1960-2005

Spending category	1960	1965	1970	1975	1980	1985	1990	1991	1992	1993	1994	2000 1	2005 1
					Ar	Amount in billions	billions	s of dollars	ars				
Private Private health insurance Put-of-pocket payments Out-of-private sources of funds Public Federal State and local	\$18.5 5.0 13.1 0.4 5.1 2.1 3.0	\$27.9 8.7 18.5 0.7 7.3 3.0 4.3	\$41.3 14.8 24.9 1.6 22.5 14.7 7.8	\$69.2 28.4 38.1 2.7 45.3 30.9 14.4	\$130.0 62.0 60.3 7.8 87.3 63.4 23.6	\$228.4 113.8 100.6 14.1 148.0 111.3 36.7	\$371.7 201.8 148.4 21.5 243.0 178.1 64.9	\$399.6 221.2 155.1 23.3 276.6 205.7 70.8	\$431.5 242.7 164.4 24.3 308.3 234.4 73.9	\$452.3 256.4 169.4 26.6 334.1 256.8 77.3	\$469.9 266.8 174.9 28.2 361.8 280.0 81.8	\$691.4 411.0 227.4 53.0 624.1 493.6 130.5	\$943.7 571.2 294.7 77.8 964.3 775.5 188.8
Total	23.6	35.2	63.8	114.5	217.0	376.4	614.7	676.2	739.8	786.5	831.7	1,315.5	1,908.0
						Percent	^o ercentage distributio	tribution					
Private Private health insurance Out-of-pocket payments	78.3 21.2 55.3	79.4 24.7 52.7	64.7 23.2 39.0	60.4 24.8 33.3	59.9 28.6 27.8	60.7 30.2 26.7	60.5 32.8 24.1	59.1 32.7 22.9	58.3 32.8 22.2	57.5 32.6 21.5	56.5 32.1 21.0	52.6 31.2 17.3	49.5 29.9 15.4
Other private sources of funds Public	1.8 21.7 9.0 12.6	2.0 20.6 8.4 12.2	2.6 35.3 23.0 12.2	2.4 39.6 27.0 12.5	3.6 40.1 29.2 10.9	3.7 39.3 29.6 9.7	3.5 39.5 29.0 10.6	3.4 40.9 30.4 10.5	3.3 41.7 31.7 10.0	3.4 42.5 32.7 9.8	3.4 43.5 33.7 9.8	4.0 47.4 37.5 9.9	4.1 50.5 40.6 9.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

¹Estimates prepared by the Congressional Budget Office, February 1995.

Source: Health Care Financing Administration, Office of the Actuary.

Note.—Numbers may not add to totals due to rounding. Percentage amounts are calculated on unrounded numbers.

TABLE C-5.—SELECTED DATA ON COMMUNITY HOSPITAL EXPENSES, 1965-95

	Total expenses		Expenses per a	r adjusted	Expenses per adjusted	r adjusted	Inpatient expenses 1	enses 1
Year		ı	IIIpallel	ıı uay	adillis			
no.	Amount (in billions)	Percent change	Amount	Percent change	Amount	Percent change	Amount (in billions)	Percent change
1965	\$9.220	8.6	\$41	7.5	\$315	8.1	\$8.414	8.7
1966	10.497	13.8	46	11.4	356	13.1	9.611	14.2
1967	12.624	20.3	53	15.3	425	19.1	11.551	20.2
1968	14.720	16.6	26	11.5	482	13.4	13.372	15.8
1969	17.247	17.2	89	15.4	551	14.5	15.636	16.9
1970	20.261	17.5	78	13.8	809	10.3	18.329	17.2
1971	22.496	11.0	87	12.3	929	10.1	20.269	10.6
1972	25.223	12.1	96	10.3	729	8.8	22.622	11.6
1973	28.248	12.0	105	9.2	784	7.5	25.173	11.3
1974	32.759	16.0	118	12.3	873	11.4	29.077	15.5
1975	38.492	17.5	138	16.4	1,017	16.5	33.971	16.8
1976	45.842	19.1	158	15.0	1,168	14.8	40.321	18.7
1977	53.006	15.6	181	14.3	1,312	12.3	46.437	15.2
1978	59.802	12.8	203	12.1	1,466	11.8	52.131	12.3
1979	67.833	13.4	226	11.5	1,618	10.4	29.060	13.3
1980	79.340	17.0	256	12.9	1,836	13.5	68.962	16.8
1981	94.187	18.7	299	16.9	2,155	17.4	81.634	18.4
1982	109.091	15.8	348	16.2	2,489	15.5	94.346	15.6
1983	120.220	10.2	391	12.4	2,742	10.2	103.361	9.6
1984	126.028	4.8	443	13.3	2,947	7.5	107.005	3.5
1985	134.043	6.4	493	11.3	3,226	9.5	111.416	4.1
1986	146.032	8.9	535	9.8	3,527	9.3	119.286	7.1
1987	161.322	10.5	581	9.8	3,860	9.5	129.824	8.8
1988	177.770	10.2	632	8.8	4.194	8.7	140.482	8.2
1989	195.378	6.6	069	9.3	4,586	9.3	152.147	8.3

TABLE C-5.—SELECTED DATA ON COMMUNITY HOSPITAL EXPENSES, 1965-95—Continued

	Total expenses	nses	Expenses per adjusted	r adjusted	Expenses per adjusted	r adjusted	Inpatient expenses	enses 1
2007			IIIband	ı uay	adillis	IIII		
ובמן	Amount (in billions)	Percent change	Amount	Percent change	Amount	Percent change	Amount (in billions)	Percent change
1990	217.113	1.1	765	10.7	5,021	9.5	165.792	9.0
1991	238.633	6.6	844	10.3	5,461	8.8	178.401	7.6
1992	260.994	9.4	927	6.6	5,905	8.1	191.401	7.3
1993	278.880	6.9	1,000	7.8	6,188	4.8	202.055	9.6
1994	292.801	2.0	1,060	9.0	6,312	2.0	207.918	2.9
1995	308.411	5.3	1,127	6.3	6,427	1.8	214.594	3.2

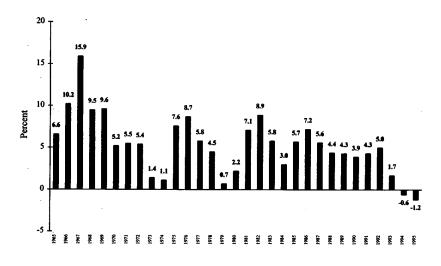
Unpatient expenses estimated from total expenses, based on the proportion of inpatient to total revenues.

Note.—Admissions and inpatient days are adjusted to reflect the volume of outpatient visits as well as inpatient admissions and days.

Source: Prospective Payment Assessment Commission analysis of data from the American Hospital Association National Hospital Panel Survey.

Chart C-1 presents the real annual growth in expenses per adjusted admission. This chart provides a clearer picture of the actual rate of increase in costs per case by removing the effects of general inflation. Even after taking inflation into account, the recent trend in hospital costs differs sharply from previous years. In 1994, hospital costs per case rose more slowly than inflation for the first time. In 1995, costs per case grew even more slowly relative to inflation.

CHART C-1. REAL ANNUAL CHANGES IN HOSPITAL EXPENSES PER ADJUSTED ADMISSION (IN PERCENT), 1965-95



Year

Source: Prospective Payment Assessment Commission analysis of data from the American Hospital Association National Hospital Panel Survey.

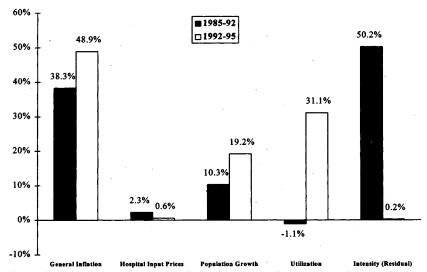
A variety of factors other than general inflation contribute to aggregate changes in hospital costs, and the roles of these factors may vary widely over time. Chart C-2 displays the contributions of five factors: general inflation, hospital input prices, population growth, utilization, and intensity. Between 1985 and 1992, total hospital expenses rose at an annual rate of 10 percent. The largest contributor to this increase was the intensity of hospital care; that is, the resources used per patient. During this period, general inflation also accounted for a large share of the increase in hospital expenses. Hospital input prices rose only slightly faster than the general price level, and hospital utilization per person actually fell (as the number of adjusted admissions grew more slowly than the population)

Between 1992 and 1995, the increase in total hospital expenses was only 5.7 percent per year. Because of this, although it slowed from 3.8 percent between 1985 and 1992 to 2.8 percent between 1992 and 1995, general inflation accounted for almost half of the

hospital cost increase in the latter period. Hospital utilization per person, which had fallen in the earlier period, rose substantially between 1992 and 1995, accounting for a large share of the growth in hospital expenses. Finally, intensity, which had been the major contributor to cost growth in the earlier period, was almost level between 1992 and 1995.

Expenditures for hospital care are financed primarily by third parties, as shown in table C-6. In 1993, private health insurers paid 36.1 percent of the total, Medicare 28.4 percent, and Medicaid (including both the Federal and State shares) 13.0 percent. The share financed by out-of-pocket payments from individuals was only 2.8 percent in 1993, down from 5.2 percent in 1985.

CHART C-2. FACTORS CONTRIBUTING TO GROWTH OF TOTAL HOSPITAL EXPENSES, 1985-92 AND 1992-95



Note.—Hospital expenses grew at an annual rate of 10.0 percent between 1985 and 1992 and 5.7 percent between 1992 and 1995.

Source: Prospective Payment Assessment Commission.

TABLE C-6.—NATIONAL EXPENDITURES FOR HOSPITAL CARE BY SOURCE OF FUNDS, 1980, 1985, AND 1990-93

[Amounts in billions]

Course of a course	19	1980	1985	35	199	06	1991	16	199	32	1993	
Source of payment	Amount	Percent	Amount	Percent	Amount	Percent	Amount	Percent	Amount	Percent	Amount	Percent
Total	\$102.7		\$168.2	100.0	\$256.5	100.0	\$282.3	100.0		100.0		100.0
Out of pocket	5.3		8.8	5.2	9.8	3.8	9.6	3.4		2.9		2.8
Third-party payments	97.4	94.8	159.4	94.8	246.8	96.2	272.7	9.96	297.0	97.1	317.4	97.2
Private health insurance	38.7		61.0	36.3	95.7	37.3	102.8	36.4		35.7		36.1
Other private funds	5.0		8.3	4.9	13.8	5.4	15.1	5.3		5.2		5.2
Government	53.7		90.1	53.6	137.3	53.5	154.8	54.8		56.2		26.0
Federal	40.9		71.1	42.3	103.4	40.3	120.3	42.6		44.9		45.7
Medicare	26.3		48.9	29.1	68.5	26.7	74.9	26.5		27.5		28.4
Medicaid ¹	4.6		7.4	4.4	14.9	2.8	23.4	8.3		8.6		8.6
Other Federal	6.6		14.8	8.8	20.0	7.8	22.0	7.8		7.5		7.5
State and local	12.8		19.0	11.3	33.9	13.2	34.5	12.2		11.3		10.3
Medicare ²	3.9		6.3	3.7	11.6	4.5	11.1	3.9		3.6		3.2
Other State and local	8.9		12.8	7.6	22.3	8.7	23.4	8.3		7.8		7.2

Source: Prospective Payment Assessment Commission analysis of data from the Health Care Financing Administration, Office of the Actuary.

¹Federal share only.
² State and local share only.

TRENDS IN HOSPITAL UTILIZATION

ADMISSIONS

From 1978 through 1983, total inpatient admissions increased at an annual rate of 1.0 percent, and admissions for persons 65 and over increased an average of 4.8 percent per year, as shown in table C–7. With the introduction of Medicare's prospective payment system (PPS) in 1983, the number of elderly patients declined sharply, contrary to most expectations. Admissions of patients under 65, however, fell even more during the first few years of PPS and had been decreasing for several years before that. From 1987 through 1992, total admissions continued to decrease, but at a slower rate, due to an increase among the older population. In 1993, overall admissions increased for the first time in 12 years, due to a slower rate of decline in younger patients and a continuing increase in those 65 and over. This trend has continued, and the increase in total admissions of 1.4 percent in 1995 was the largest in 15 years.

TABLE C-7.—ANNUAL CHANGE IN HOSPITAL ADMISSIONS BY AGE GROUP, 1978-95

Year	Percent of	change in admi	ssions
Teal	All	Under 65	65 and over
1978	0.4	-1.0	4.9
1979	2.7	1.7	5.3
1980	2.9	1.5	6.7
1981	0.9	0.0	3.0
1982	0.0	-1.6	4.1
1983	-0.5	-2.8	4.7
1984	-3.7	-4.2	-2.6
1985	-4.9	-4.7	-5.2
1986	-2.1	-2.5	-1.0
1987	-0.6	-1.0	0.4
1988	-0.4	-1.6	2.0
1989	-1.0	-2.0	1.2
1990	-0.5	-1.6	1.7
1991	- 1.1	-2.9	2.5
1992	-0.8	-2.2	1.7
1993	0.7	-0.5	2.9
1994	0.9	0.2	2.0
1995	1.4	0.4	2.9
Average annual percent change:			
1978–83	1.0	-0.4	4.8
1984–86	-3.5	-3.8	-3.0
1987–92	-0.7	-1.9	1.6
1993–95	1.0	0.0	2.6

Source: Prospective Payment Assessment Commission analysis of data from the American Hospital Association National Hospital Panel Survey.

AVERAGE LENGTH OF STAY

Before the implementation of PPS, the average length of stay for all patients was relatively constant between 7.0 and 7.2 days, as shown in table C–8. With the introduction of PPS, however, there was a significant drop in length of stay. From 1982 to 1984, the average stay fell from 7.2 days to 6.7 days for all patients and from 10.4 days to 8.9 days for patients 65 and over. Average length of stay stabilized at these levels throughout the rest of the 1980s, but has declined again in the 1990s. Hospital stays for elderly patients were 1.6 days shorter, on average, in 1995 than in 1990, and for patients under 65 the average stay was 0.6 days shorter. This decline was even steeper than in the first years of PPS.

TABLE C-8.—AVERAGE LENGTH OF STAY AND ANNUAL CHANGE BY AGE GROUP, 1978-95

	Al	II	Unde	r 65	65 and	over
Year	Average length of stay (in days)	Percent change	Average length of stay (in days)	Percent change	Average length of stay (in days)	Percent change
1978	7.2 7.1 7.2 7.2 7.0 6.7 6.5 6.6 6.6 6.6 6.6 6.5 6.4 6.2 6.0 5.7	- 0.3 - 1.0 0.5 0.4 - 0.6 - 2.0 - 5.1 - 1.7 0.6 0.8 - 0.1 - 1.1 - 1.4 - 1.6 - 2.8 - 3.8 - 4.2	6.0 5.9 5.9 5.9 5.8 5.6 5.5 5.6 5.5 5.4 5.3 5.2 5.1 4.8	- 0.9 - 1.2 - 0.2 - 0.1 - 0.6 - 1.7 - 3.5 - 1.3 - 0.5 - 0.4 - 0.3 - 0.7 - 1.5 - 2.1 - 1.9 - 1.8 - 3.8 - 2.4	10.6 10.4 10.4 10.4 10.1 9.7 8.9 8.8 8.8 8.9 8.8 8.7 8.5 8.3 7.9 7.6 7.1	- 1.2 - 1.9 - 0.1 - 0.1 - 2.3 - 4.4 - 7.5 - 2.1 0.4 1.0 - 0.7 0.2 - 1.5 - 2.0 - 2.2 - 4.7 - 4.2 - 6.6
change: 1978–83 1984–86 1987–92 1993–95		- 0.5 - 2.1 - 0.6 - 3.6		- 0.8 - 1.4 - 1.0 - 2.7		-1.7 -3.1 -0.9 -5.2

Source: Prospective Payment Assessment Commission analysis of data from the American Hospital Association National Hospital Panel Survey.

HOSPITAL OCCUPANCY

Table C-9 shows that, with slight increases in admissions and stable average length of stay, occupancy rates were over 70 percent in the early 1980s. The number of hospital beds was increasing, ex-

ceeding 1 million by 1983. During the early years of PPS, however, occupancy rates decreased dramatically. From 1983 to 1986, the aggregate occupancy rate fell from 72.2 percent to 63.4 percent. There was a slight increase in occupancy rates in the late 1980s, but the sharp reduction in average length of stay lowered the occupancy rate below 60 percent by 1995, despite almost 130,000 fewer beds than in 1983.

TABLE C-9.—INPATIENT HOSPITAL OCCUPANCY RATE AND NUMBER OF BEDS, 1978-96

Year	Occu- pancy rate (in percent)	Percent change	Number of beds	Percent change
1978	73.7	-0.8	954,001	0.9
1979	74.5	1.0	959,269	0.6
1980	76.1	2.2	970,456	1.2
1981	75.8	-0.4	986,917	1.7
1982	74.5	-1.6	997,720	1.1
1983	72.2	-3.1	1,003,658	0.6
1984	66.7	-7.6	992,616	-1.1
1985	63.6	-4.7	974,559	-1.8
1986	63.4	-0.3	963,133	-1.2
1987	64.1	1.2	954,458	-0.9
1988	64.6	8.0	942,306	-1.3
1989	64.8	0.3	930,994	-1.2
1990	64.5	-0.6	921,447	-1.0
1991	63.5	-1.4	911,781	-1.0
1992	62.3	-1.9	907,661	-0.5
1993	61.4	-1.5	901,669	-0.7
1994	60.3	-1.7	890,575	-1.2
1995	59.7	-1.1	874,250	-1.8
Average annual percent change:			•	
1978–83		-0.5		1.0
1984–86		-4.2		-1.4
1987–92		-0.3		-1.0
1993–95		-1.4		-1.2

Source: Prospective Payment Assessment Commission analysis of data from American Hospital Association National Hospital Panel Survey.

HOSPITAL EMPLOYMENT

Hospitals experienced a significant downturn in total employment levels at the time PPS was introduced, as shown in table C-10. During 1984 and 1985, full-time equivalent employees declined by 2.3 percent. From 1986 through 1993, however, hospital employment increased. During the late 1970s and through the 1980s, growth in the number of part-time personnel exceeded growth in the number of full-time personnel in every year. In 1992, however, the number of full-time personnel grew faster than the number of part-time personnel for the first time in more than 20 years. This trend continued in 1993, but the increase in both types of personnel slowed dramatically. In 1994 and 1995, hospital employment

declined for the first time since the early years of PPS. This was only the second such period in the past three decades.

TABLE C-10.—ANNUAL CHANGE IN HOSPITAL EMPLOYMENT, 1978-95

		Percent cha	ange in:	
Year	Total FTEs		Personnel—	
	TOLAL FIES	Total	Full-time	Part-time
1978	3.7	4.1	3.3	6.8
1979	3.5	3.9	2.9	6.7
1980	4.7	5.2	4.0	9.1
1981	5.4	6.0	4.8	9.4
1982	3.7	3.7	3.6	4.1
1983	1.4	1.5	1.2	2.3
· · · · · · · · · · · · · · · · · · ·	-2.3	-2.1	-2.6	-0.8
	-2.3	-2.0	-2.7	-0.1
	0.3	0.4	0.2	0.9
1987	0.7	0.9	0.4	2.3
1988	1.1	1.4	0.7	3.3
1989	1.6	1.9	1.2	3.6
1990	2.1	2.3	1.8	3.6
1991	0.6	0.7	0.6	1.0
1992	1.6	1.5	1.7	0.9
1993	0.7	0.6	0.8	0.2
1994	-0.8	-0.8	-0.7	-0.9
1995	-1.4	-1.4	-1.5	-0.9
Average annual percent change:				
1978–83	3.7	4.1	3.3	6.4
1984–86	-1.4	-1.2	-1.7	0.0
1987–92	1.3	1.5	1.1	2.4
1993–95	-0.5	-0.5	-0.5	-0.5

Source: Prospective Payment Assessment Commission analysis of data from the American Hospital Association National Hospital Panel Survey.

EXPENDITURES FOR PHYSICIANS' SERVICES

Personal health care expenditures for physicians' services were \$189.4 billion in 1994, an increase of 4.6 percent from the previous year (see table C–11). In 1994, 20 percent of national health expenditures and 23 percent of personal health expenditures were for physicians' services (see table C–1).

Third-party (public expenditures and private insurance) payments financed over fourth fifths of physicians' services. In 1994, private health insurance paid \$89.5 billion (47 percent) for such services. Public programs paid \$60.9 billion (32.1 percent) for such services, of which \$36.1 billion was Federal Medicare payments. Patients or their families paid \$35.8 billion (18.9 percent) for physicians' services (see table C-11).

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TABLE C-11.—EXPENDITURES FOR PHYSICIAN SERVICES 1 BY SOURCE OF FUNDS, SELECTED YEARS 1980-94

[Amounts in billions]

	19	1980	1985	35	1990	30	1991	91	19	1992	19	1993	1994	4
Source of payment	Amount	Percent	Amount	Percent	Amount	Percent	Amount	Percent	Amount	Percent	Amount	Percent	Amount	Percent
Out-of-pocket pay-														
ments	\$14.8	32.4	\$24.3	29.1	\$35.4	24.2	\$35.6	22.4	\$37.0	21.7	\$37.0	20.4	\$35.8	18.9
Third-party payments	30.6	9.79	59.3	70.9	110.9	75.8	123.1	77.8	136.7	78.3	144.1	9.6/	153.5	81.1
Private health insur-														
ance		37.9	23.4	36.9	63.3	43.2	71.4	45.0	81.5	46.6	85.3	47.1	89.5	47.3
Other private funds		0.8	1.4	1.6	2.7	1.8	2.5	1.6	2.5	1.5	2.7	1.5	3.0	1.6
Government		28.9	24.5	29.3	45.0	30.7	49.2	31.0	52.7	30.2	26.0	30.9	6.09	32.1
Federal	10.0	22.1	19.5	23.4	35.9	24.5	38.6	24.3	40.9	23.4	44.0	24.3	48.6	25.7
Medicare	8.0	17.6	16.5	19.7	29.5	20.2	30.8	19.4	31.7	18.2	33.9	18.7	36.1	20.1
Medicaid		3.1	2.0	2.4	4.2	2.8	5.3	3.4	9.9	3.8	7.6	4.2	8.0	4.2
Other Federal														
programs	9.0	1.4	<u></u>	1.3	2.2	1.5	2.5	1.6	2.5	1.4	2.6	1.4	2.5	1.3
State and local	3.1	6.9	4.9	5.9	9.1	6.2	10.6	6.7	11.8	8.9	12.0	9.9	12.3	6.5
Medicaid		2.5	7.	1.9	2.9	2.0	3.8	2.4	4.5	2.6	2.0	2.8	5.4	2.9
Other State														
and local														
programs	2.0	4.3	3.4	4.0	6.2	4.2	6.7	4.3	7.3	4.2	7.0	3.9	6.9	3.6
Total	45.2	100.0	83.6	100.0	146.3	100.0	158.6	100.0	174.7	100.0	181.1	100.0	189.4	100.0

¹ Encompasses the cost of all services and supplies provided in physicians' offices, the cost for services of privately billing physicians in hospitals and other institutions, and the cost of diagnostic work performed in independent clinical laboratories. The salaries of staff physicians are counted with expenditures for the services of the employing institution.

Note.-Numbers may not add to totals because of rounding.

Source: Health Care Financing Administration, Office of the Actuary.

Inflation continues to affect the growth in spending for physicians' services. Physicians' fees rose more rapidly (4.5 percent in 1995) than prices in the economy as a whole (2.8 percent) as measured by the consumer price index (CPI) (see table C-12).

TABLE C-12.—ANNUAL PERCENTAGE CHANGES IN SELECTED COMPONENTS OF THE CONSUMER PRICE INDEX (CPI-U), 1 1965-95

Year	All items	All items less medical care	Medical care total	Physicians' services
1965	1.6	1.6	2.4	3.6
1966	2.9	3.1	4.4	5.6
1967	3.1	2.1	7.2	7.2
1968	4.2	4.2	6.0	5.6
1969	5.5	5.4	6.7	7.0
1970	5.7	5.9	6.6	7.5
1971	4.4	4.1	6.2	7.0
1972	3.2	3.2	3.3	3.0
1973	6.2	6.4	4.0	3.4
1974	11.0	11.2	9.3	9.2
1975	9.1	9.0	12.0	12.1
1976	5.8	5.3	9.5	11.4
1977	6.5	6.3	9.6	9.1
1978	7.6	7.6	8.4	8.4
1979	11.3	11.5	9.2	9.1
1980	13.5	13.6	11.0	10.5
1981	10.3	10.4	10.7	11.0
1982	6.2	5.9	11.6	9.4
1983	3.2	2.9	8.8	7.8
1984	4.3	4.1	6.2	6.9
1985	3.6	3.4	6.3	5.9
1986	1.9	1.5	7.5	7.2
1987	3.6	3.5	6.6	7.3
1988	4.1	3.9	6.5	7.2
1989	4.8	4.6	7.7	7.4
1990	5.4	5.2	9.0	7.1
1991	4.2	3.9	8.7	6.0
1992	3.0	2.8	7.4	6.3
1993	3.0	2.7	5.9	5.6
1994	2.6	2.5	4.8	4.4
1995	2.8	2.7	4.5	4.5

¹ Consumer price index (CPI) for all urban (U) consumers.

Source: U.S. Department of Labor, Bureau of Labor Statistics.

The American Medical Association reports that, over the 10 years from 1984 to 1994, physician income rose an average 5 percent a year. The average physician net income in 1994, however, experienced the first decrease ever recorded by the AMA. After expenses but before taxes, physician income was \$182,400, a 3.6 percent decrease from \$189,300 in 1993 (see table C–13).

TABLE C-13.—PHYSICIANS' AVERAGE NET INCOME AFTER EXPENSES BUT BEFORE TAXES, 1983-94

[Average net Income 1 in thousands of dollars]

	-3.6	-1.7
	210.2	148.2
	115.9 118.6 124.5 131.1 146.2 160.0 175.3 185.6 191.0 202.3 218.0 27	150.7
	202.3	136.1
	191.0	134.0
	185.6	119.8
	175.3	119.2
	160.0	113.0
	146.2	9.66
	131.1	91.7
	124.5	83.8
	118.6	80.4
	115.9	77.6
Employment Status:	Self-employed	Employee

¹ Average net income after expenses but before taxes. These figures include contributions made into pension, profit-sharing, and deferred compensation plans. ² Includes physicians in specialties not reported separately.

NA—Not available.

Source: American Medical Association (1995a and b).

Self-employed physicians, who are more likely to have additional years of experience and be board certified, earned an average of \$210,200 in 1994 in contrast to employee-doctors whose net income was \$148,200. Both of these practice arrangements reported declines in income from 1993.

Declines in income were reported throughout the United States, except for the East South Central and West South Central census regions, which increased by 2.2 and 3.4 percent. Physicians in the East South Central and West South Central regions also had the highest average net incomes (\$199,200 and \$195,500 respectively). The lowest average net incomes (\$156,100) were for physicians in the New England area.

Surgeons continued to have the highest average net incomes in 1994 (\$255,200) and general and family practitioners the lowest (\$121,400). Generalists' incomes appear to be improving relative to those of specialists. Average incomes for general and family practitioners saw a gain of 3.9 percent from 1993 to 1994. Also, while median real incomes for all physicians declined from the previous year, real incomes for those in family practice and internal medicine fell less than those for most specialists (Physician Payment Review Commission, 1996).

Table C-14 shows physicians' median net incomes by specialty. In the decade from 1984 to 1994, the real net income for general and family practitioners increased at an average annual rate of 2 percent. The only other specialty to show an average annual increase over 2 percent in real net income was radiology at 2.4 percent.

Table C-15 shows average physician net incomes in nominal and real (or constant) dollars. Physicians average net income increased 202 percent between 1977 and 1994, but real income, expressed in 1994 dollars, increased only 23 percent (from \$148,000 to \$182,000) during this same time period.

Table C-16 shows the distribution of physicians' net incomes in 1994 for all physicians and selected specialties. While the average net income of all physicians was \$182,400, half of all physicians earned \$150,000 or less. One-fourth of all physicians earned \$105,000 or less, while one-fourth earned \$220,000 or more. Anesthesiologists, radiologists, and surgeons had the highest median incomes, with half earning \$200,000 or more.

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TABLE C-14.—MEDIAN PHYSICIAN NET INCOME AFTER EXPENSES BUT BEFORE TAXES, 1984 AND 1994

[In thousands of dollars]

	Me	dian net incom	е	Average ann	
	1984	1994 nominal	1994 real ¹	Nominal	Real ¹
All physicians ² Specialty:	\$92	\$150	\$105	5.0	1.3
General/family practice	63	110	77	5.7	2.0
Internal medicine	90	150	105	5.2	1.6
Surgery	130	219	154	5.4	1.7
Pediatrics	68	110	77	4.9	1.3
Obstetrics/gynecology	106	182	128	5.6	1.9
Radiology	122	220	154	6.1	2.4
Psychiatry	80	120	84	4.1	0.5
Anesthesiology	150	200	140	2.9	-0.7
Pathology	106	152	107	3.7	0.1
Census division:					
New England	80	135	95	5.4	1.7
Middle Ătlantic	85	140	98	5.1	1.4
East North Central	97	164	115	5.4	1.7
West North Central	90	150	105	5.2	1.6
South Atlantic	93	160	112	5.6	1.9
East South Central	100	163	114	5.0	1.3
West South Central	100	164	115	5.1	1.4
Mountain	92	146	102	4.7	1.1
Pacific	95	150	105	4.7	1.0

¹ In 1984 dollars

Source: American Medical Association (1986, 1995a).

The continuing survey of physicians' incomes conducted by the magazine *Medical Economics* (Terry, 1993) showed that, on average, physicians received 83 percent of their 1992 gross practice incomes from third parties (see table C–17). On average, 17 percent came from commercial insurers, 14 percent from Blue Shield, 26 percent from Medicare, 10 percent from Medicaid, 10 percent from health maintenance organizations (HMOs) and independent practice associations (IPAs), and 6 percent from preferred provider organizations (PPOs). As table C–17 indicates, the importance of each source of payment varied by specialty. Cardiothoracic surgeons received the highest percentage of gross pay from Medicare (50 percent). Pediatricians, on average, received only 1 percent of their gross income from Medicare, but received the highest percentage of gross pay from Medicaid (24 percent).

² Includes physicians in specialties not listed separately.

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TABLE C-15.—AVERAGE PHYSICIAN NET INCOME AFTER EXPENSES BUT BEFORE TAXES, 1977-94

[Dollars in thousands]

	Nominal	Real
1977	\$60.4	\$147.7
1978	64.6	146.8
1979	77.4	158.0
1980	NA	NA
1981	89.9	146.6
1982	97.7	150.0
1983	104.1	154.9
1984	108.4	154.6
1985	112.2	154.5
1986	119.5	161.6
1987	132.3	172.6
1988	144.7	181.3
1989	155.8	186.2
1990	164.3	186.3
1991	170.6	185.6
1992	181.7	191.9
1993	189.3	194.1
1994	182.4	182.4

NA-Not available.

Note.—No data for 1980. Real (1994 dollars) incomes are calculated using the consumer price index for all urban consumers.

Source: CRS analysis of data from American Medical Association (1995a and b).

A subsequent analysis by *Medical Economics* (Walker, 1995) addressed physician income from HMOs and PPOs and the amount in the form of capitation payments (see table C-18). In 1994, almost four-fifths of physicians belonged to at least one managed care plan. HMOs accounted for 22 percent of gross income, preferred provider organizations (PPOs) for 15 percent of gross income, and capitation for 15 percent of gross income.

TABLE C-16.—DISTRIBUTION OF PHYSICIAN NET INCOME AFTER EXPENSES BUT BEFORE TAXES BY SPECIALTY AND CENSUS DIVISION, 1994

[In thousands of dollars]

	25th per- centile	50th per- centile	75th per- centile	Mean
All physicians ¹	105	150	220	182.4
Specialty:	0.5	440	444	404.0
General/family practice	85	110	144	121.2
Internal medicine	100	150	199	174.9
Surgery	150	219	300	255.2
Pediatrics	85	110	150	126.2
Obstetrics/gynecology	130	182	248	200.4
Radiology	165	220	302	237.4
Psychiatry	90	120	150	128.5
Anesthesiology	168	200	262	218.1
Pathology	120	152	210	182.5
Census division:				
New England	98	135	180	156.1
Middle Ătlantic	100	140	220	177.8
East North Central	117	164	237	191.9
West North Central	110	150	225	183.8
South Atlantic	106	160	248	189.3
East South Central	120	163	230	199.2
West South Central	110	164	234	195.5
Mountain	100	146	209	175.4
Pacific	105	150	210	171.8
1 doi:10	103	130	210	171.0

¹ Includes physicians in specialties not listed separately.

Source: American Medical Association (1995a).

TABLE C-17.—THIRD PARTY SOURCES OF PHYSICIAN PAYMENT FOR SELECTED SPECIALTIES, 1992

	Commercial	al plans	Blue Shield	hield	Medicare	are	Medicaid	aid	HMOs/IPAs	'IPAs	PPOs	
Specialty	Average annual payment	As percent of gross practice income	Average annual payment	As per- cent of gross practice income	Average annual payment	As percent of gross practice income	Average annual payment	As percent of gross practice income	Average annual payment	As per- cent of gross practice income	Average annual payment	As per- cent of gross practice income
Cardiologists	\$61,400	15	\$56,100	14	\$177,490	46	\$18,220	5	\$27,530	9	\$16,730	4
geons	61,200	12	70,670	14	241,890	20	31,410	9	44,000	10	17,980	4
Family practice	33,420	14	30,290	12	54,170	22	25,320	=	27,720	12	18,140	7
Gastroenterologists	28,600	14	57,500	15	151,640	40	21,620	9	32,140	10	19,810	2
General practice	30,870	14	23,940	12	45,230	24	20,210	12	23,300	10	15,250	2
General surgeons	62,430	19	53,810	17	103,590	33	26,100	6	31,890	10	20,510	9
Pediatricians	36,860	15	33,350	14	810	~	53,800	24	31,890	15	22,830	6
Plastic surgeons	84,410	70	61,030	14	54,450	13	13,910	4	25,960	9	30,810	7
Psychiatrists	38,910	70	23,610	13	22,780	=======================================	10,870	9	10,000	2	13,190	9
Internists	31,060	12	33,700	12	101,320	39	12,380	2	22,230	10	16,290	9
Neurosurgeons	154,920	79	77,130	14	118,990	22	35,290	7	55,620	10	39,880	7
OBG specialists	96,590	24	80,930	70	24,290	7	47,860	Ξ	58,280	15	48,860	=
Orthopedists	122,860	24	78,430	17	95,950	21	28,810	9	43,510	6	38,570	7
All surgical special-												
ists	83,980	20	96,010	16	105,590	26	32,030	8	41,800	10	30,930	7
All nonsurgical spe-	0 / 8 / 8	Ļ	002.00	7	000 50	c	000 80	5	007 00	5	050.01	`
Clalists	46,460	<u>o</u>	39,730	- ;	000′/8	87	24,080	2 6	28,480	2,9	18,370	۰ ۵
All M.D.s	009'55		45, /10	14	0/0'98	56	26,390	01	32,150	10	22,030	9

Source: Terry (1993).

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TABLE C-18.—PERCENTAGE OF PHYSICIAN GROSS INCOME FROM MANAGED CARE AND CAPITATION BY SPECIALTY, 1994

	Percent o	f 1994 incom	e from:
Physician specialty	HMOs	Preferred provider organiza- tions	Capita- tion
Anesthesiologists	26	20	22
Cardiologists	13	10	9
Cardio/thoracic surgeons	21	10	15
Emergency physicians	(1)	(1)	16
Family practitioners	<u>2</u> 1	ÌÓ	18
Gastroenterologists	17	12	14
General practitioners	28	15	24
General surgeons	19	10	18
Internist	20	10	15
Neurosurgeons	19	15	22
OBG specialists	32	20	14
Orthopedic surgeons	19	15	14
Pediatricians	32	20	22
Plastic surgeons	17	12	12
Psychiatrists	18	20	23
Radiologists	17	10	17
All surgical specialists	22	15	15
All nonsurgeons 2	21	15	15
All fields	22	15	15

¹ Insufficient sample.

Source: Walker (1995).

SUPPLY OF HOSPITAL BEDS

The national supply of community hospital beds per 1,000 population steadily increased from the 1940s, reaching a peak of 4.6 beds per 1,000 population in 1975. By 1991, the number of beds had dropped to 3.6 per 1,000 population and remained at that level in 1992 and 1993. Among the 9 census regions, the area experiencing the largest increase has been the East South Central, where beds increased from 1.7 per 1,000 population in 1940 to 5.1 in 1980, falling back to 4.5 in 1993 (see table C–19).

²Includes family practitioners and general practitioners. Gross is the individual physician's share of 1994 practice receipts before professional expenses and income taxes. Figures exclude physicians with no HMO, preferred provider organizations, or capitation contracts.

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TABLE C-19.—COMMUNITY HOSPITAL BEDS PER 1,000 POPULATION AND AVERAGE ANNUAL PERCENT CHANGE BY GEOGRAPHIC DIVISION AND STATE, SELECTED YEARS 1940-1993

Geographic division and			Beds pe	r 1,000 ci	Beds per 1,000 civilian population	ılation				Average a	Average annual percent change	:hange	
State	19401	19501	1960 2	1970	1980	1990	1992	1993	1940-6012	1960–702	1970–80	1980–90	1990–93
United States		3.3	3.6	4.3	4.5	3.8	3.6	3.6	9.0	1.8	0.5	-1.7	- 1.8
New England	4.4	4.2	3.9	4.1	4.1	3.4	3.3	3.3	-0.6	0.5	0.0	-1.9	-1.0
Maine			3.4	4.7	4.7	3.8	3.7	3.6	9.0	3.3	0.0	-2.1	1.8
New Hampshire		4.2	4.4	4.0	3.9	3.1	3.1	3.0	0.2	-0.9	-0.3	-2.3	1.1
Vermont		4.0	4.5	4.5	4.4	3.1	2.9	3.4	1.6	0.0	-0.2	-3.4	3.1
Massachusetts		4.8	4.2	4.4	4.4	3.6	3.6	3.5	-1.0	0.5	0.0	-2.0	-0.0
Rhode Island		3.8	3.7	4.0	3.8	3.2	3.1	3.0	-0.3	0.8	-0.5	-1.7	-2.1
Connecticut		3.6	3.4	3.4	3.5	2.9	2.8	2.8	-0.4	0.0	0.3	-1.9	-1.2
Middle Atlantic		3.8	4.0	4.4	4.6	4.2	4.2	4.3	0.1	1.0	0.4	-0.9	8:0
New York		4.1	4.3	4.6	4.5	4.2	4.2	4.3	0.0	0.7	-0.2	-0.7	8.0
New Jersey		3.2	3.1	3.6	4.2	3.7	4.0	3.9	-0.6	1.5	1.6	-1.3	1.8
Pennsylvania		3.8	4.1	4.7	4.8	4.4	4.3	4.4	0.8	1.4	0.2	-0.9	0.0
East North Central		3.2	3.6	4.4	4.7	3.9	3.7	3.6	9.0	2.0	0.7	- 1.8	-2.6
Ohio		2.9	3.4	4.2	4.7	4.0	3.8	3.7	1.2	2.1	<u></u>	- 1.8	-2.6
Indiana		5.6	3.1	4.0	4.5	3.9	3.8	3.7	1.5	2.6	1.2	<u> </u>	-1.7
Illinois		3.6	4.0	4.7	6.1	4.0	3.9	3.8	0.8	1.6	0.8	-2.4	-1.7
Michigan		3.3	3.3	4.3	4.4	3.7	3.4	3.3	-1.0	2.7	0.5	-1.7	-3.7
Wisconsin		3.7	4.3	5.5	4.9	3.8	3.7	3.5	1.2	1.9	— 0.8	-2.5	-2.7
West North Central		3.7	4.3	6.7	9.9	4.9	4.8	4.7	1.6	2.9	0.5	-1.7	1.4
Minnesota			4.8	6.1	2.7	4.4	4.2	4.1	1.0	2.4	-0.7	-2.6	-2.3
lowa		3.2	3.9	9.6	2.7	2.1	2.0	4.8	1.9	3.7	0.5	1.1	-2.0
Missouri		3.3	3.9	5.1	2.7	4.8	4.7	4.6	1.5	2.7	<u></u>	-1.7	1.4
North Dakota		4.3	5.2	8.9	7.4	7.0	7.0	7.0	2.0	2.7	0.8	-0.6	0.0
South Dakota		4.4	4.5	9.6	5.2	6.1	6.1	0.9	2.4	2.2	-0.2	1.0	-0.5
Nebraska				6.2	0.9	5.4	5.3	2.5	1.3	3.5	-0.3	-1.0	-1.3
Kansas			4.2	5.4	2.8	4.8	4.7	4.6	2.0	2.5	0.7	-1.9	-1.4
South Atlantic		2.8	3.3	4.0	4.5	3.7	3.6	3.5	1.4	1.9	1.2	-1.9	1.8
Delaware			3.7	3.7	3.6	3.0	3.1	3.	-0.0	0.0	-0.3	1.8	-:

² 1960 includes hospital units of institutions. ¹1940 and 1950 data are estimated based on published figures. Source: U.S. Public Health Service (1996).

SUPPLY OF PHYSICIANS

National concern about physician shortages in the 1950s and 1960s led to Federal and State initiatives to increase the supply of physicians. Since that time, the number of physicians in the United States has grown rapidly from 334,028 in 1970 to 684,414 in 1994. According to an Institute of Medicine report, this rate has been 1½ times faster than the growth rate of the Nation's population (Lohr, Vanselow, & Detmer, 1996).

Table C-20 indicates that between 1970 and 1994, the number of all physicians per 100,000 civilians grew from 161 to 263, a 63-percent increase. Table C-21 shows variations in the supply of non-Federal physicians relative to population by State. In 1994, the District of Columbia had the highest ratio (693 physicians per 100,000 population) while Mississippi had the lowest ratio (145 physicians per 100,000 population). The number of physicians in the United States is expected to continue to increase until the year 2020 when the Bureau of Health Professions estimates there will be 269 physicians per 100,000 population.

In 1994, about 34 percent of physicians were in primary care specialties, defined as general and family practice, internal medicine, obstetrics/gynecology, and pediatrics (see table C–22 for number of physicians by specialty). The National Resident Matching Program announced in March, 1996, that more than half of U.S. medical school seniors plan to spend at least their first year of residency training in general practice.

In 1994, there were 97,832 residents in training. The number of U.S. medical school graduates, which rose rapidly in the late 1960s and early 1970s, has been relatively stable over the past decade (see table C-23).

Increasing numbers of residency positions are occupied, however, by international medical graduates (IMGs). Due to stricter immigration laws and more rigorous competency requirements, IMGs dropped from over 40 percent of all residents in 1971 to about 17 percent in 1985. Since then, however, the percentage of IMGs in training in the United States increased 88 percent, from 12,509 in 1985 to 23,499 in 1994 and is now at 24 percent of all residents in training (table C–24).

HEALTH INSURANCE STATUS IN 1994

Most people have some form of health insurance. In 1994, an estimated 84.9 percent of the total noninstitutionalized population had public or private coverage during at least part of the year. However, an estimated 39.6 million Americans, or 15.1 percent of the population, were without coverage in 1994. Almost all of the uninsured were under age 65; consequently, 17.0 percent of the nonelderly population were uninsured. This section examines characteristics of both the insured and the uninsured populations in 1994, and reviews trends in health insurance coverage over the 1979–94 period (see Smith & Nuschler, 1996).

TABLE C-20.—PHYSICIAN SUPPLY BY MAJOR CATEGORIES, 1970, 1980, 1990, AND 1994

Potomon	1970	0,	1980	90	19	1990	1994	
Category	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total physicians 1	334,028		467,679		615,421		684,414	
Federal	29,501	6	17,787	4	20,475	3	22,454	3
Non-Federal	301,323	91	443,502	96	592,166	4	660,582	76
Metropolitan (non-Federal only)	258,265	(98)	385,365	(87)	521,668	88	584,727	(68)
Nonmetropolitan (non-Federal only)	43,058	(14)	58,137	(13)	70,498	12	75,855	(12)
Patient care	278,535	83	376,512	80	503,870	82	562,456	85
Nonpatient care	32,310	10	38,404	6	43,440	∞	43,012	9
Male	308,627	92	413,395	88	511,227	83	551,151	8
Female	25,401	∞	54,284	12	104,194	17	133,263	70
International medical graduates	57,217	17	97,726	21	131,764	21	154,576	23
Total physician-population ratio (per 100,000 per- sons)	161		202		244		263	

¹ Address unknown excluded from all Federal/non-Federal categories, not-classified, inactive, and address unknown are excluded from patient care/nonpatient care categories. Note.—Numbers may not add due to rounding.

Source: American Medical Association (1996).

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TABLE C-21.—NON-FEDERAL PHYSICIAN/POPULATION RATIOS AND RANK BY STATE, SELECTED YEARS 1970-94

[Ratios: Non-Federal physicians (M.D.s) per 100,000 civilian population]

State	1970	1975	1985	1990	1994	1994 rank
Alabama	90	103	152	170	190	41
Alaska	74	95	137	155	151	50
Arizona	144	185	220	233	230	23
Arkansas	92	103	150	165	183	43
California	194	219	266	272	270	11
Colorado	178	186	216	232	246	16
Connecticut	192	224	302	332	360	5
Delaware	134	155	203	217	235	20
District of Columbia	390	467	607	658	693	1
Florida	155	185	236	251	258	13
Georgia	108	126	172	187	199	37
J .,	160	185	239	266	273	10
Hawaii	94	103	133	142	273 154	49
Idaho	138	164	217	229	252	14
Illinois						
Indiana	102	116	156	171	189	42
lowa	103	113	149	167	181	44
Kansas	118	137	179	195	212	31
Kentucky	102	122	162	181	199	36
Louisiana	120	131	187	200	225	28
Maine	111	133	193	208	228	24
Maryland	183	217	334	360	367	4
Massachusetts	207	237	331	364	400	2
Michigan	125	145	190	201	218	29
Minnesota	151	172	223	240	259	12
Mississippi	84	94	126	144	145	51
Missouri	129	148	195	209	227	25
Montana	104	116	155	181	196	40
Nebraska	116	134	170	185	209	33
Nevada	114	129	173	175	168	47
New Hampshire	140	162	207	227	240	19
New Jersey	146	174	243	267	291	8
New Mexico	113	130	184	206	218	30
New York	236	258	318	339	369	3
North Carolina	111	132	185	209	225	27
North Dakota	96	106	168	184	211	32
Ohio	133	147	199	213	233	21
Oklahoma	103	113	149	160	168	46
Oregon	144	171	215	233	242	17
Pennsylvania	152	169	234	256	287	9
Rhode Island	160	194	248	277	305	7
South Carolina	93	114	161	177	196	38
South Dakota	81	90	143	154	178	45
Tennesssee	119	139	189	210	233	22
	117	135	174	188	233 196	39
Texas	138	155	185	200	205	35
Utah						
Vermont	187	207	268	288	306	6
Virginia	125	149	214	233	240	18

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Table C-21.—Non-federal Physician/Population Ratios and Rank by State, selected years 1970-94—Continued

[Ratios: Non-Federal physicians (M.D.s) per 100,000 civilian population]

State	1970	1975	1985	1990	1994	1994 rank
Washington West Virginia Wisconsin Wyoming	149 104 120 101	168 124 137 108	223 171 188 140	241 183 207 156	251 207 226 160	15 34 26 48
United States 1	148	169	220	237	252	

¹ Excludes counts of physicians in U.S. possessions and with unknown addresses.

Source: American Medical Association (1996).

TABLE C-22.—FEDERAL AND NON-FEDERAL PHYSICIANS FOR TOTAL AND OFFICE-BASED ACTIVITY BY SPECIALTY 1980, 1990, 1994

		Feder	al and non-Fe	deral physicia	ns	
Specialty	198	10	199	00	1994	1
, ,	Total	Office based	Total	Office based	Total	Office based
Allergy immunology Anesthesiology Cardiovascular dis-	1,518 15,958	1,371 11,338	3,388 25,981	2,453 17,803	3,729 31,816	2,726 21,962
eases	9,823 3,217 5,660	6,729 1,961 4,378	15,862 4,343 7,557	10,680 2,615 6,006	18,437 5,212 8,353	12,917 3,261 6,709
ogy Emergency medi- cine	7,048 5,699	4,191 3,362	15,412 14,243	9,815 8,420	19,175 17,744	12,079 10,604
Family practice Gastroenterology General practice	27,530 4,046 32,519	18,378 2,737 29,642	47,639 7,493 22,841	37,476 5,200 20,517	54,829 9,087 18,454	42,162 6,707 16,048
General surgery Internal medicine Neurology	34,034 71,531 5,685	22,426 40,617 3,253	38,376 98,349 9,237	24,520 57,950 5,595	37,902 111,427 10,921	24,209 67,897 7,131
Neurological sur- gery Obstetrics/gyne-	3,341	2,468	4,358	3,092	4,710	3,419
cology Ophthalmology Orthopedic surgery Otolaryngology Pathology ¹	26,305 12,974 13,996 6,553 13,642	19,513 10,603 10,728 5,266 6,081	33,697 16,073 19,138 8,138 16,584	25,485 13,068 14,199 6,367 7,494	36,649 17,144 21,533 8,785 18,253	28,211 14,297 16,580 6,856 8,963
Pediatrics ² Physical med./ rehab Plastic surgery	29,462 2,146 2,980	18,210 1,014 2,438	41,899 4,105 4,590	27,073 2,183 3,835	49,357 5,224 5,206	32,152 3,025 4,313

TABLE C-22.—FEDERAL AND NON-FEDERAL PHYSICIANS FOR TOTAL AND OFFICE-BASED ACTIVITY BY SPECIALTY 1980, 1990, 1994—Continued

		Fede	ral and non-F	ederal physicia	ns	
Specialty	19	80	19	90	199	94
, ,	Total	Office based	Total	Office based	Total	Office based
Psychiatry Pulmonary dis-	27,481	16,004	35,163	20,146	37,702	22,551
eases	3,715	2,048	6,080	3,662	7,189	4,631
Radiology	11,653	7,802	8,492	6,060	7,932	5,885
Radiation oncology	1,581	1,027	2,821	1,968	3,493	2,450
Urological surgery	7,743	6,228	9,372	7,398	9,727	7,779
Other specialty Other surgical spe-	5,810	2,418	7,254	2,656	7,643	3,323
cialties 3 Other remaining	2,852	2,261	2,945	2,389	3,273	2,459
specialties 4	6.071	2,549	7,822	3,316	8,354	3,706
Unspecified	12,289	4,959	8,058	1,554	6,208	2,032
Not classified	20,629		12,678		14,283	
Other categories ⁵ Total physi-	32,134		55,433		64,663	
cians	467,679	272,000	615,421	360,995	684,414	407,044

¹ Includes pathology and forensic pathology.

Note.—Data for 1990 and 1994 are as of January 1. Data for 1980 are as of December 31.

Source: American Medical Association.

Estimates of health insurance coverage in 1994 are based on analysis of the March 1995 Current Population Survey (CPS), a household survey by the Department of Commerce's Census Bureau. Each year's March CPS asks whether individuals had coverage from selected sources of health insurance at any time during the preceding calendar year. Thus, the March 1995 CPS reflects respondents' recollections of coverage during all of 1994. ²

HEALTH INSURANCE COVERAGE AND SELECTED POPULATION **CHARACTERISTICS**

Age

Table C-25 provides a breakdown of health insurance coverage by type of insurance and age. In 1994, young adults ages 18 to 24 were the least likely to have health insurance. While 52 percent of this group were covered under an employment-based plan, over

Includes pediatrics, pediatric cardiology, and pediatric allergy.
 Includes colon and rectal surgery and thoracic surgery.
 Includes aerospace medicine, general preventive medicine, nuclear medicine, occupational medicine, medical genetics, and public health.

⁵ Includes inactive and address unknown; these categories are included in total physicians only, not in office-based practice.

 $^{^{2}}$ Some analysts have suggested that respondents may actually be reporting their coverage status at the time of the survey, rather than for the previous year. The March 1995 CPS attempted to resolve this controversy by asking about health insurance coverage during the last week, as well as during the last year. Results from these new questions are still being reviewed.

one-fourth (27 percent) had no health insurance. These young adults comprised 10 percent of the U.S. population, but 17 percent of the uninsured population. These individuals are often too old to be covered as dependents on their parents' policies, and as entry-level workers they do not have strong ties to the work force; some may choose to remain uninsured and spend their money on other items. After age 25, the percentage of people with health insurance increases. Of those age 65 and over, 97 percent were covered by Medicare or Medicaid, and 1 percent were uninsured. The remainder of this section focuses on the population under age 65.

TABLE C-23.—MEDICAL SCHOOL GRADUATES, FIRST-YEAR RESIDENTS AND TOTAL RESIDENTS, 1965-94

	Year	Medical school graduates	First-year residents	Total residents
1965		7,409	9,670	31,898
1966		7,574	10,316	31,898
1967		7,743	10,419	33,743
1968		7,973	10,464	35,047
1969		8,059	10,808	37,139
1970		8,367	11,552	39,463
1971		8,974	12,066	42,512
1972		9,551	11,500	45,081
1973		10,391	11,031	49,082
1974		11,613	11,628	52,685
1975		12,714	13,200	54,500
1976		(1)	14,258	56,872
1977		13,607	15,900	59,000
1978		14,393	16,800	63,163
1979		14,966	17,600	64,615
1980		15,135	18,702	61,465
1981		15,667	18,389	69,738
1982		15,985	18,976	69,142
1983		15,824	18,794	73,000
1984		16,327	19,539	75,125
1985		16,319	19,168	75,514
1986		16,125	18,183	76,815
1987		15,836	18,067	81,410
1988		15,887	17,941	81,093
1989		15,620	18,131	82,000
1990		15,336	18,322	82,902
1991		15,481	19,497	86,217
1992		15,386	19,794	88,620
1993		15,512	21,616	96,469
1994		15,579	19,293	97,832

¹ Not available.

Source: American Medical Association (various years).

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TABLE C-24.—INTERNATIONAL MEDICAL GRADUATE RESIDENTS BY LOCATION OF EDUCATION AND CITIZENSHIP, SELECTED YEARS 1971-94

	Total	Percent of all residents	U.S. citizens	Foreign nationals
1971	17,515	41	1,063	16,452
1976	16,634	29	1,783	14,851
1981	11,596	17	2,908	8,688
1983	14,084	19	4,961	9,123
1985	12,509	17	6,868	5,609
1991	17,017	20	5,107	11,910
1992	19,084	22	5,015	114,069
1993	22,706	24	5,056	17,650
1994	23,499	24	4,285	19,214

¹ Includes 6,192 permanent resident aliens.

Source: American Medical Association (1986 and various years).

TABLE C-25.—HEALTH INSURANCE COVERAGE BY TYPE OF INSURANCE AND AGE, 1994

			Туре	e of insuranc	e 1	
Age	Popu- lation (in millions)	Employ- ment based ² (percent)	Medicare or Med- icaid ³ (percent)	Private nongroup (percent)	Military ³ (percent)	Unin- sured (percent)
Under 5	20.3	57.0	30.3	3.8	2.3	14.0
5–17	50.2	64.2	20.0	5.0	2.2	14.3
18–24	25.2	52.3	12.8	10.5	3.3	26.7
25–34	41.4	65.3	9.5	4.8	1.5	22.0
35–54	73.0	72.8	7.3	6.0	3.0	14.7
55–59	10.8	68.4	9.5	9.2	6.3	13.7
60–64	9.9	61.4	14.8	12.5	7.8	14.1
65+	31.3	35.4	96.6	32.6	5.0	0.9
Total	262.1	61.7	23.4	9.4	3.2	15.2

¹People may have more than one source of health insurance; percentages may total to more than 100.

Source: Congressional Research Service analysis of data from the March 1995 Current Population Survey.

Other demographic characteristics

Table C-26 shows the rate of health insurance coverage by type of insurance and selected demographic characteristics—race, family type, region, and poverty level—for people under age 65. In 1994 whites were most likely to have health insurance (87 percent) while Hispanics were least likely (65 percent). Hispanics comprised 11 percent of the under 65 population, but were 23 percent of the uninsured population; comparable numbers for blacks were 13 percent and 16 percent, respectively. The rate of employment-based health

² Group health insurance through employer or union.

³ Military health care or veterans coverage.

coverage was highest among whites (72 percent) and the rate of Medicaid/Medicare coverage was highest for blacks (29 percent). ³

TABLE C-26.—HEALTH INSURANCE COVERAGE BY TYPE OF INSURANCE AND DEMOGRAPHIC CHARACTERISTICS FOR PEOPLE UNDER AGE 65, 1994

			Type of ins	surance 1	
	Population (in millions)	Employment based ² (percent)	Medicaid or Medicare (percent)	Other ³	Uninsured (percent)
Race/ethnicity:					
White	166.1	72.3	9.0	10.0	13.3
Black	30.5	49.9	28.9	6.8	21.0
Hispanic	26.1	40.6	23.0	4.6	35.3
Other	8.2	59.3	16.4	9.2	21.1
Family type:					
Female-headed with chil-					
dren	29.1	36.3	44.5	6.5	19.0
Male- or two-parent-head-					
ed w/children	115.2	72.9	10.0	7.2	14.5
No children	86.5	64.9	7.7	12.1	19.8
Region:					
Northeast	44.5	67.9	13.1	7.4	15.1
Midwest	54.1	71.2	12.5	8.8	12.2
South	81.0	62.8	13.6	9.7	19.4
West	51.2	60.6	14.7	9.2	20.3
Poverty level:	24.0	15.0	40.5	0.1	21.0
<1.0 of poverty	34.9	15.0	49.5	9.1	31.8
1.0–1.49 of poverty	20.9	38.1	24.8	10.8	32.9
1.5–1.99 of poverty	21.6	55.6	13.5	10.3	26.3
2.0+ of poverty	153.4	81.8	3.8	8.5	10.3
Total	230.8	65.3	13.5	9.0	17.1

¹People may have more than one source of health insurance; percentages may total to more than

People in male-headed or two-parent families with children were most likely to be insured (86 percent), followed by those in female-headed families with children (81 percent) and in families with no children (80 percent). While the rates of coverage were similar for male-present (one- or two-parent) and female-headed (single-parent) families with children, the sources of coverage were quite different: coverage was employment based for 73 percent of male-present families compared to 36 percent of female-headed families, while coverage came from Medicaid/Medicare for 10 percent of male-present families compared to 44 percent of female-headed families.

² Group health insurance through employer or union.

³ Private nongroup health insurance, veterans coverage, or military health care.

Source: Congressional Research Service analysis of data from the March 1995 Current Population Survey.

³Medicaid covered 12 percent of the nonelderly population and Medicare covered 2 percent. About 27 percent of blacks had Medicaid coverage.

People living in the Midwest were more likely to have insurance (88 percent), than people in the Northeast (85 percent), South (81 percent), and West (80 percent). About 70 percent of those living in the Northeast and Midwest had employment-based health insurance compared to about 60 percent in the South and West.

Among individuals with incomes at least two times the poverty level, 90 percent had health insurance compared to 68 percent of the poor (i.e., those with incomes less than one times the poverty level). The poor accounted for 15 percent of the under 65 population, but comprised 28 percent of the uninsured. Only 15 percent of the poor received health coverage through employment, while 50 percent had either Medicaid or Medicare. Over 80 percent of people with incomes at least two times the poverty level were covered through an employer, and 4 percent had Medicaid/Medicare.

Employment characteristics

Table C-27 shows the rate of health insurance coverage by employment characteristics for people under age 65 who were workers or their dependents. In 1994, the rate of employment-based health insurance coverage increased as firm size increased. Among workers and dependents of workers in large firms (1,000 or more employees), 92 percent were insured compared to 67 percent in small firms (under 10 employees). People in small firms accounted for 15 percent of the under 65 population but 29 percent of the uninsured. Insurance coverage varied according to industry as well. Agriculture, personal services, and construction had the highest proportion of uninsured workers and dependents—over 30 percent. Employment-based coverage was most likely for workers and dependents in public administration, mining, and manufacturing of durable goods. Among workers, 86 percent of those employed full time, full year had health insurance and it was most often obtained through their employment (78 percent); their dependents had comparable levels of coverage. Workers with part-time, part-year employment had an insured rate of 67 percent. Workers who worked less than full time, full year and their dependents comprised 21 percent of the population, but 33 percent of the uninsured, while nonworkers were 12 percent of the population and 17 percent of the uninsured.

CHARACTERISTICS OF THE UNINSURED POPULATION UNDER AGE 65

As reported above, people who lack health insurance differ from the population as a whole: they are more likely to be poor, young adults, Hispanic, and work for small firms. Chart C-3 illustrates selected characteristics of the uninsured population under age 65 in 1994—age, race, poverty level, region, firm size, and labor force ties. One-fourth (25 percent) of the uninsured were under age 18, and 56 percent were white. A large proportion (40 percent) had incomes two or more times the poverty level, while 28 percent were poor. Forty percent of the uninsured lived in the South, and 29 percent worked or were dependents of workers in small firms (one to nine employees). Half were full-time, full-year workers or their dependents, 33 percent had less than full time attachment to the labor force, and 17 percent had no labor force ties.

1029 TABLE C-27.—HEALTH INSURANCE COVERAGE BY EMPLOYMENT CHARACTERISTICS ¹ FOR PEOPLE UNDER AGE 65, 1994

			Type of ins	surance ²	
	Population (in millions)	From own job 3 (percent)	From other's job ³ (percent)	Other ⁴ (percent)	Uninsured (percent)
Firm size: 5					
Under 10	34.4	19.3	19.8	30.3	33.2
10–24	16.3	27.6	26.7	21.1	27.7
25–99	25.3	35.8	32.7	16.1	19.4
100–499	29.6	40.0	38.9	12.6	12.7
500–999	12.0	43.1	40.0	10.6	10.2
1,000+	84.6	42.7	42.5	11.5	8.2
Industry: 5					
Agriculture	5.7	16.0	17.2	33.8	34.9
Mining	1.5	35.6	49.7	8.3	9.9
Construction	13.9	25.1	27.7	20.1	30.2
Durable goods	23.0	40.2	44.5	8.8	10.1
Nondurable goods	16.4	40.1	40.0	11.5	12.6
Transportation	15.9	39.7	42.0	10.7	11.9
Wholesale trade	8.5	37.8	38.3	13.8	13.6
Retail trade	27.0	29.1	26.1	22.7	25.7
Finance/insurance	12.4	42.9	38.4	12.6	9.8
Business services	11.4	27.9	25.1	23.6	26.9
Personal services	5.9	21.5	19.1	30.6	32.9
Entertainment	2.6	32.3	28.2	21.2	23.2
Professional serv	44.0	42.1	36.8	14.8	10.6
Public admin	13.9	43.3	48.1	12.5	3.8
Labor force attachment					
workers:					
Full time, full year	76.5	78.5	1.1	9.0	14.4
Part time, full year	6.5	41.2	6.4	25.5	30.4
Full time, part year	16.5	49.3	3.6	20.9	30.0
Part time, part year	7.3	25.8	8.2	37.0	32.7
Dependents: 1					
Full time, full year	76.5	0.6	78.6	13.9	11.5
Part time, full year	3.9	0.7	52.3	29.9	21.4
Full time, part year	11.3	0.3	52.7	36.9	18.2
Part time, part year	3.6	0.4	30.9	54.9	19.3
Not in labor force	28.7	6 9.8	6 10.4	61.0	23.3
Total	230.8	33.0	32.4	21.7	17.1

¹For dependents, employment characteristics are for the person providing dependent coverage under employment-based or private insurance. If other coverage, characteristics are from the head of household or spouse if head not employed.

² People may have more than one source of health insurance.

³ Group health insurance through employer or union.

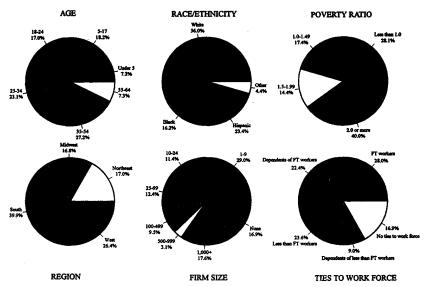
⁴ Medicare, Medicaid, private nongroup health insurance, veterans coverage, and military health.

⁵ For persons who worked and their dependents.

⁶ Person was retired, disabled, or answered questions inconsistently.

Source: Congressional Research Service analysis of data from the March 1995 Current Population Sur-

CHART C-3. CHARACTERISTICS OF THE UNINSURED POPULATION UNDER AGE 65, 1994



Note.—Totals may not sum to 100 percent due to rounding.

Source: Congressional Research Service analysis of data from the March 1995 Current Population Survey.

TRENDS IN HEALTH INSURANCE COVERAGE

Trends in coverage by type of insurance for the noninstitutionalized U.S. population under age 65 are shown in table C-28. Data for 1980 are not available because the CPS omitted some health insurance questions for that year. Changes in the CPS questionnaire, on which these rates are based, preclude direct comparisons between three time periods: 1979–86, 1987–93, and 1994. 4

⁴Beginning with the 1987 data, the survey asked about employment-based coverage for all persons over 14, when before only workers were asked about such coverage. Moreover, the newer surveys included additional questions regarding coverage of children. As a result, the number of people with employment-based coverage increased, especially among retirees, and the number of children with coverage also increased.

Beginning with the 1994 data, the survey asked additional questions about private health insurance, and changed the order of questions such that questions about private coverage preceded questions about other forms of health insurance. As a result, the number of people estimated to have private coverage increased, and the distribution of coverage between group and nongroup shifted towards more group coverage. Care must be exercised when considering these numbers. Also note that individuals may have had more than one source of coverage.

TABLE C-28.—HEALTH INSURANCE COVERAGE FOR THE NONINSTITUTIONALIZED U.S. POPULATION UNDER 65, 1979-941

[Numbers in thousands]

	Employment hased 2	hased 2	Government 3	ant 3	Other	4	Ilninsura	ρα	Total	
Vear	- Inproduction	5000	311112000	111						
וכמו	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
19795	133,074	9.89	17,031	8.8	32,631	16.8	28,451	14.7	197,104	100.0
1981 5	137,158	67.9	18,520	9.5	32,392	16.0	30,487	15.1	201,926	100.0
1982	135,991	8.99	18,326	9.0	31,699	15.6	32,496	16.0	203,674	100.0
1983	134,908	65.7	18,501	0.6	30,505	14.9	34,796	17.0	205,322	100.0
1984	134,936	65.2	18,701	9.0	30,653	14.8	36,544	17.7	206,998	100.0
1985	137,461	65.7	18,711	8.9	29,924	14.3	36,741	17.6	209,272	100.0
19861	138,919	0.99	19,095	9.1	29,014	13.8	36,818	17.5	210,579	100.0
1987 1	143,497	67.5	19,919	9.4	25,957	12.2	30,673	14.4	212,495	100.0
1988	144,136	67.2	20,437	9.5	25,009	11.7	32,368	15.1	214,508	100.0
1989	144,716	6.99	20,762	9.6	25,603	11.8	33,039	15.3	216,426	100.0
1990	142,520	65.2	23,821	10.9	25,723	11.8	34,352	15.7	218,551	100.0
1991	142,359	64.5	26,170	11.9	25,034	11.4	35,069	15.9	220,589	100.0
1992 6	141,262	62.5	28,924	12.8	26,017	11.5	38,222	16.9	226,119	100.0
1993	140,439	61.3	31,398	13.7	27,706	12.1	39,349	17.2	228,973	100.0
1994	150,663	65.3	31,177	13.5	20,665	8.9	39,428	17.1	230,838	100.0

¹ Ouestionnaire changes effective in 1987 and 1994 make numbers not strictly comparable over time. Beginning with 1987 data, the survey asked all persons over 14, not just workers, about employment-based health coverage, and included additional questions regarding coverage of children. Beginning with 1994 data, the survey included additional questions about private coverage and the order of questions was altered, such that questions about private coverage preceded questions about other forms of health insurance.

² Group health insurance through employer or union.

³ Medicare or Medicaid.

⁴ Private nongroup health insurance, veterant's coverage, or military health care.

⁵ Data not available for 1980 because the survey omitted some health insurance questions.

⁶ Based on revised weights from the 1990 Census.

Note.—Persons may have more than one type of coverage; percents may total to more than 100. Data for 1980 not available because some health-related questions were omitted from the Current Population Survey that year.

Source: Congressional Research Service analysis of data from the March 1995 Current Population Surveys.

Between 1979 and 1986, the percent covered by all forms of health insurance decreased, with a decrease of 3 percentage points between 1979 and 1984 and a slight increase between 1984 and 1986, but not to levels shown previously. Between 1979 and 1986, the percent of the population insured by government programs remained roughly stable, and the percents with employment-based and other coverage steadily declined. Between 1987 and 1993, the percent covered also declined by about 3 percentage points, from about 86 percent to 83 percent. During this period, the percent with employment-based coverage continued to decline steadily, the percent with Medicare or Medicaid increased, the percent with other types of coverage declined and then rose to about where it was in 1987, and the percent uninsured continued to steadily increase. In 1994, the percent covered was about the same as in 1993 (83 percent), while the percent covered under government programs declined slightly. The large changes between 1993 and 1994 in employment-based and other coverage, which includes private nongroup coverage, appear to be a function of changes in the CPS questionnaire.

Differences in coverage between 1986 and 1987, and between 1993 and 1994, are a function both of changes in the CPS questionnaire and actual changes in coverage. Assuming that all differences between 1986 and 1987, and between 1993 and 1994, are due to questionnaire changes and no changes in coverage patterns occurred during these transition periods, we can estimate trends from 1979 to 1994. Over this period, the percent with employmentbased coverage decreased by about 9 percentage points. From 1979 through 1986, the percent with employment-based coverage declined by 2.6 percent points, from 68.6 to 66.0 percent. From 1987 through 1993, the decline was 6.2 percentage points. If we assume no change in insurance coverages from 1986 to 1987, and from 1993 to 1994, the total decline from 1979 to 1994 was 8.8 percentage points (i.e., 2.6 percentage points plus 6.2 percentage points). Note that the decreases in coverage do not equal the increases in uninsured because some individuals had more than one type of coverage. Similarly, over the 1979–94 period, the percent with Medicaid or Medicare increased by about 5 percentage points, the percent with other types of coverage declined by about 3 percentage points, and the percent uninsured increased by approximately 6 percentage points.

UNCOMPENSATED CARE COSTS IN PPS HOSPITALS, 1980-94

Uncompensated care is a term used to describe services provided to patients who are unable or unwilling to pay. It includes charity care and bad debts. Charity care is care for which no payment is expected. Bad debts are charges not paid by uninsured individuals, including copayments not paid by insured individuals. For this analysis, hospital charges have been adjusted to reflect the cost of care that was provided but not paid for.

Public hospitals and some private institutions receive government operating subsidies that at least partially offset their uncompensated care costs. These subsidies are not always directed specifically toward charity care, but they nonetheless serve to lessen

the burden of a high charity care load. This analysis examines uncompensated care both before and net of government subsidies.

The financial burden of uncompensated care increased substantially in the first half of the 1980s, as shown in table C-29. Between 1980 and 1986, uncompensated care costs before government subsidies grew at an annual rate of 14.7 percent, rising from \$3.9 billion to \$8.9 billion. By 1992, uncompensated care costs had grown to \$14.9 billion. After 1992, this trend leveled off, with uncompensated care rising at 6.1 percent per year. While uncompensated care was rising rapidly during the 1980s, government subsidies were increasing at a much slower rate. In 1980, the proportion of uncompensated care costs offset by State and local government operating subsidies was 27.8 percent. By 1986, that proportion had fallen to 22.3 percent, and by 1992, subsidies to all community hospitals equalled only 18.9 percent of uncompensated care costs. In the early 1990s, subsidies have grown more rapidly, although they still covered less than 20 percent of uncompensated care in 1994. In that year, uncompensated care losses—that is, costs net of government subsidies—totaled \$13.5 billion.

These trends are reflected in chart C-4, which compares uncompensated care costs to total hospital expenses in each year. In 1980, 5.5 percent of the resources expended by community hospitals were for patients that could not or would not pay for their care. After accounting for government subsidies, the uncompensated care burden was 3.9 percent. By 1986, uncompensated care costs hit their peak of 6.4 percent of total expenses, and uncompensated care losses rose to 4.9 percent. In the early 1990s, uncompensated care costs have fallen to about 6 percent of total expenses, while uncompensated care losses have stayed at just under 5 percent of total

expenses.

The burden of uncompensated care is borne by hospitals in every group, but some types of hospitals devote a higher percentage of their resources than others to this care (see table C-30). Hospitals in large urban areas (metropolitan areas with populations of 1 million or greater) had uncompensated care costs equal to 6.2 percent of their total expenses in 1994, compared with 5.4 percent for other urban areas and 5.1 percent for rural hospitals. However, hospitals in the major cities also receive the bulk of subsidies from State and local governments, so their uncompensated care losses were about

the same as for other hospitals.

Among major teaching hospitals (those with at least 0.25 residents per bed), there is a sharp difference between those that are public and those that are privately owned: Public major teaching hospitals in 1994 devoted 17.6 percent of their resources to patients who could not or would not pay, and sustained losses on these patients equal to 8.0 percent of their total costs. Other hospitals sustained much smaller losses, and there were no major differences by teaching status. Hospitals that receive Medicare disproportionate share payments (see the discussion in appendix D) tend to sustain greater losses on uncompensated care, and urban government hospitals also devote a greater proportion of their resources to this care. Proprietary hospitals provide somewhat less uncompensated care than voluntary hospitals.

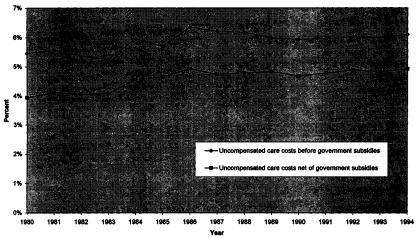
TABLE C-29.—COMMUNITY HOSPITAL UNCOMPENSATED CARE COSTS AND GOVERNMENT OPERATING SUBSIDIES, SELECTED YEARS 1980-92

		Ar	Amount (billions)			Average	Average annual percent change	nange
	1980	1986	1992	1993	1994	1980–86	1986–92	1992–94
Uncompensated care costs before government subsidies	\$3.9	\$8.9	\$14.9	\$15.9	\$16.8	14.7	8.9	6.1
Government operating subsidies 1	7.	2.0	2.8	3.1	3.2	10.5	0.9	7.1
Uncompensated care costs net of government subsidies	2.8	6.9	12.1	12.8	13.5	16.1	7.6	5.8
Proportion of uncompensated care costs covered by government sub-								
sidies (in percent)	27.8	22.3	18.9	19.5	19.3			

¹Government operating subsidies include all subsidies from State and local government, up to total uncompensated care costs at each hospital. Source: Prospective Payment Assessment Commission analysis of data from the American Hospital Association Annual Survey of Hospitals.

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CHART C-4. UNCOMPENSATED CARE AS A PERCENTAGE OF TOTAL COMMUNITY HOSPITAL EXPENSES, 1980-94



Note.—Government operating subsidies include all subsidies from State and local government, up to total uncompensated care costs for each hospital.

Source: Prospective Payment Assessment Commission analysis of data from the American Hospital Association Annual Survey of Hospitals.

TABLE C-30.—COMMUNITY HOSPITAL UNCOMPENSATED CARE COSTS AS A PROPORTION OF TOTAL COSTS, BY HOSPITAL GROUP, 1994

[In percent]

Hospital group	Uncompensated care costs, before government subsidies	Uncompensated care costs, net of government subsidies
Large urban	6.2	4.8
Other urban	5.4	4.7
Rural	5.1	4.7
Major teaching, public	17.6	8.0
Major teaching, nonpublic	5.1	4.7
Other teaching	4.7	4.6
Nonteaching	4.8	4.5
Disproportionate share large urban	7.7	5.6
Disproportionate share other urban	6.1	5.1
Disproportionate share rural	6.0	5.7
Nondisproportionate share	4.0	3.9
Voluntary	4.6	4.5
Proprietary	4.0	4.0
Urban government	14.2	6.7
Rural government	5.9	4.6

Note.—Government operating subsidies include all subsidies from State and local government, up to total uncompensated care costs at each hospital.

Source: Prospective Payment Assessment Commission analysis of data from the American Hospital Association Annual Survey of Hospitals.

INTERNATIONAL HEALTH SPENDING

This section analyzes trends in health expenditures for 24 Organization for Economic Cooperation and Development (OECD) countries from 1970 to 1993. Table C-31 illustrates total health expenditures as a percentage of gross domestic product (GDP). In 1970, the mean percent of GDP spent on health care by OECD countries was 5.1 percent with the United States being 45 percent higher than the average with 7.4 percent. By 1993, the overall mean percent of GDP devoted to health expenditures had increased to 8.3 percent while U.S. health spending as a share of GDP had increased to 14.1 percent, some 70 percent greater than the OECD average.

The second to the last column in table C-31 presents per capita health expenditures denominated in U.S. dollars. The last column illustrates public health expenditures as a percent of total health spending. This public percentage ranged from 43.9 in the United States to over 90 in Luxembourg and Norway. The OECD average was 75.4 percent.

TABLE C-31.—TOTAL HEALTH EXPENDITURES AS A PERCENTAGE OF GROSS DOMESTIC PRODUCT [GDP], PER CAPITA HEALTH SPENDING, AND PERCENTAGE OF MEDICAL EXPENDITURES COVERED BY PUBLIC INSURANCE SCHEME, FOR SELECTED CALENDAR YEARS 1970-93

responso (Year				Per capita	Percent
Codning	1970	1980	1985	1900	1991	1992	1993	1993	public
Australia	5.7	7.3	7.7	8.2	8.5	8.8	8.5	\$1,493	67.7
Austria	5.4	7.9	8.1	8.4	9.8	8.8	9.3	1,777	66.2
Belgium	4.1	9.9	7.4	7.6	8.1	8.2	8.3	1,601	88.9
Canada	7.1	7.4	8.5	9.4	10.0	10.3	10.2	1,971	71.9
Denmark	6.1	9.9	6.3	6.3	9.9	6.5	6.7	1,296	82.6
Finland	5.7	6.5	7.3	8.0	9.1	9.4	8.8	1,363	79.3
France	5.8	7.6	8.5	8.9	9.1	9.4	8.6	1,835	74.4
Germany	5.9	8.4	8.7	8.3	8.4	8.7	9.8	1,815	70.2
Greece	4.0	4.3	4.9	5.3	5.3	5.4	5.7	200	75.8
Iceland	5.2	6.4	7.0	8.2	8.4	8.5	8.3	1,564	83.9
Ireland	2.6	9.2	8.2	7.0	7.4	7.1	6.7	922	7.97
Italy	5.2	6.9	7.0	8.1	8.4	8.5	8.5	1,523	73.1
Japán	4.6	9.9	6.5	9.9	6.7	6.9	7.3	1,495	71.8
Luxembourg	4.1	9.9	8.9	7.2	7.3	7.4	6.9	1,993	91.0
Netherlandš	0.9	8.0	8.0	8.2	8.4	9.8	8.7	1,531	7.77
Norway	2.0	9.9	6.4	7.5	8.0	8.3	8.2	1,592	93.3
New Zealand	5.2	7.2	6.5	7.3	7.7	7.7	7.7	1,179	77.2
Portugal	3.1	5.9	7.0	5.4	5.9	0.9	7.3	998	55.5
Spain	3.7	2.6	2.7	9.9	6.5	7.0	7.3	972	78.6
Sweden	7.2	9.4	8.9	8.6	8.5	7.9	7.5	1,266	82.9
Switzerland	5.2	7.3	8.1	8.4	0.6	9.3	6.6	2,283	0.69
Turkey	N	4.0	2.8	4.0	4.7	4.1	NA	A	NA
United Kingdom	4.5	5.8	0.9	6.2	9.9	7.1	7.1	1,213	83.0
United States	7.4	9.2	10.8	12.6	13.2	13.6	14.1	3,299	43.9
OECD average	5.1	7.0	7.2	7.6	7.9	8.1	8.3	1,537	75.4

NA-Not available.

Source: Schieber, Poullier, & Greenwald (1994) and Health Care Financing Administration.

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